

#### NORTH CAROLINA STATE ETHICS COMMISSION

#### 2017 STATEMENT OF ECONOMIC INTEREST

## **NO-CHANGE FORM**

Review your 2016 SEI Form

#### **CONTACT INFORMATION**

This contact information page <u>will not</u> be available on the Commission's website, but it is a public document.

919-814-3600

www.ethicscommission.nc.gov

# THIS ENTIRE FORM MUST BE COMPLETED TO FULFILL YOUR ETHICS FILING OBLIGATION

FOR ETHICS COMMISSION USE ONLY

Checked for completion

Date Received:

#### **SEND YOUR SIGNED ORIGINAL TO:**

#### STATE ETHICS COMMISSION

BY MAIL 1324 MAIL SERVICE CENTER RALEIGH, NC 27699-1324 HAND DELIVERY: CAPEHART CROCKER HOUSE 424 N. BLOUNT ST. RALEIGH, NC 27601-1010

FILER'S NAME (FIRST, MIDDLE, LAST)						
Prefix	First Name	Middle Name		Last Name		Suffix
MAILING	ADDRESS (REQUIRED)					
Address				City	State	Zip
DAYTIME PHONE NUMBER (REQUIRED)			ALTERNATE PHONE NUMBER			
E-MAIL ADDRESS (REQUIRED)						
HOME ADDRESS:						
PROVIDE YOUR HOME ADDRESS ONLY IF YOU ARE HOLDING OR SEEKING AN ELECTED OFFICE WITH A RESIDENCY						
REQUIREMENT. This requirement does not apply to Judicial Officers.						
Judicial officer means Justice or Judge of the General Court of Justice, District Attorney, or Clerk of Court, or any individual						
elected or appointed to any of these positions prior to taking office.						
☐ Same as Mailing Address						
Address				City	State	Zip



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# **2017 STATEMENT OF ECONOMIC INTEREST**

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FOR ETHICS COMMISSION USE ONLY Date Received:		
Checked for completion		
Scanned Date		
Entered in DBby		

FILER'S NAME (FIRST, MIDDLE, LAST)					
Prefix	First Name	Middle Name	Last Name	Suffix	
REASON	FOR FILING (COMPLETE	ALL THAT APPLY)			
STATE GOVERNMENT JOB (Specify Agency and Position)			BOARD/COMMISSION (List the complete name of all State boards on which you are serving or are being considered)		
JUDICIA	OFFICER (Specify Office	)	LEGISLATOR (Specify House or Senate)		
	hat the information provi	ded in this Statement of E at of my knowledge and be	conomic Interest and any attachments hereto are true, elief.		
I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.					
I understand that my Statement of Economic Interest and any attachments or supplements thereto (with the exception of the Confidential Form regarding Unemancipated Children) are public record.					
I acknowledge that I have read and understand N.C.G.S. 138A-26 regarding concealing or failing to disclose material information and N.C.G.S. 138A-27 regarding providing false information:					
8	138A-26. Concealing or	failing to disclose materia	l information.		
A filing person who knowingly conceals or knowingly fails to disclose information that is required to be disclosed on a statement of economic interest under this Article shall be guilty of a Class 1 misdemeanor and shall be subject to disciplinary action under G.S. 138A-45.					
8	138A-27. Penalty for fal	se information.			
k	A filing person who provides false information on a statement of economic interest as required under this Article knowing that the information is false is guilty of a Class H felony and shall be subject to disciplinary action under G.S. 138A-45.				
I hereby affirm that I have reviewed my most recently filed 2016 Statement of Economic Interest and that as of December 31, 2016, my responses continue to be true, correct, and complete to the best of my knowledge and belief.     I Agree					
Signatu	re		Date		
Printed	Name				
Submit	SIGNED ODIGINAL 40	cuments only. Do not fo	ay or a mail this form		



#### NORTH CAROLINA STATE ETHICS COMMISSION

# 2017 Real Estate Disclosure Form

# ALL MPO AND RPO TAC MEMBERS MUST FILE THIS FORM WITH THE 2017 SEI

FOR ETHICS COMMISSION USE ONLY
Date Received:
Checked for completionDate
Entered in DB by

Name o	of Person Filing Real	Estate Disclosure Fo	orm		
Prefix	First Name	Middle Name	Last	t Name	Suffix
Name o	of MPO or RPO				
Econor or a b	mic Interest) owned	including real estate wholly or in part by you are associated <sup>2</sup> <b>erving.</b>	you, a membe	r of your <i>extended</i>	family <sup>1</sup> ,
Name of Owner of Real Estate		Location by City		Location by County	

## This entire document and any attachments are public record.

- an employee, director, officer, partner, proprietor; or
- a member or manager of a limited liability company; or
- an owner of an interest of \$10,000 or more in the business or 5% of the business whichever is less; or
- a registered lobbyist.

<sup>&</sup>lt;sup>1</sup> "Extended family" includes your spouse, lineal descendants, lineal ascendants, siblings, spouse's lineal descendants, spouse's lineal ascendants, spouse's siblings, and the spouse of any of these individuals.

<sup>&</sup>lt;sup>2</sup> "Business with which associated" includes any for profit business in which you are or any member of your immediate family (see definition on Statement of Economic Interest) is:

AFFIRMATION	
I affirm that the information provided in this Real Es are true, complete, and accurate to the best of my ki	
I also certify that I have not transferred, and will no purpose of concealing it from disclosure while retaining	
I understand that my Real Estate Disclosure Form public record.	and any attachments or supplements thereto are
I acknowledge that I have read and understand the a	applicable violation provision set out below:
(MPO) § 136-200.2(j). Violations	
An MPO member who knowingly conceals or list required to be disclosed on a required filing 1 misdemeanor and an MPO member who proknowing that the information is false is guilty	under this Article shall be guilty of a Class ovides false information on a required filing
(RPO) § 136-211(j). Violations	
An RPO member who knowingly conceals or is required to be disclosed on a required filing 1 misdemeanor and an RPO member who proknowing that the information is false is guilty	g under this Article shall be guilty of a Class ovides false information on a required filing
☐ I Agree	
Signature	Date SUBMIT SIGNED, ORIGINAL DOCUMENTS
Printed Name	ONLY. DO NOT FAX OR EMAIL THIS FORM

For assistance please call: 919-814-3600 or e-mail SEI@doa.nc.gov

This entire document and any attachments are public record.